

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

2003 JUL 15 PM 3:29

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **


1 C/OH NAME

LINDA R. WAITERS

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

** Complete A & B below only if you are a candidate **

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

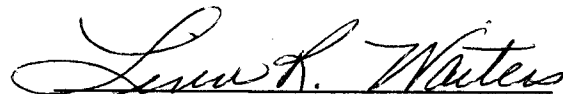
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate**5 OFFICEHOLDER**

** Complete this section only if you are an officeholder **



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

2003 JUL 15 PM 3:25

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

MS

Linn

R

Walters

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address1036 Gibbs San Antonio, TX
78202

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs

Wendy

A

Ewing

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

827 Canton San Antonio, TX 78202

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 224-9309

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer
appointment (officeholder only)☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☒

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

4/24/2003

THROUGH

Month

Day

Year

6/30/2003

10 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

☐

Primary

☐

Runoff

☐

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council District 2

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH**2003 JUL 15 PM 3:28 **COVER SHEET PG 2****14 C/OH NAME****15 ACCOUNT #** (Ethics Commission filers)**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**1. **TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$ 0

2. **TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ 0

**EXPENDITURE
TOTALS**3. **TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED**

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 2,002.40

**OUTSTANDING
LOAN TOTALS**5. **TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD**

\$

19 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Linn Waiters
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Linn Waiters, this the 15th day of July, 20 03, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

2003 JUL 15 PM 3:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

4/26/03

RKB Specialties

6 Payee address; City: State; Zip Code
26409 Choctaw Pass
San Antonio, TX 78258

\$ 2,002.40

7 Purpose of expenditure (See instructions regarding type of information required.)

Buttons, Magnetic Signs, Post Cards and Yard Signs

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City: State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City: State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City: State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City: State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED